

STEP 14A

ADDITIONAL SWABBINGS AND SMEAR

AREA COLLECTED FROM: _____

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 11

VAGINAL/CERVICAL SWABS AND SMEAR

(Vaginal Assault/Rape)

— — — — —
| AFFIX KIT NUMBER LABEL HERE |
— — — — —

COLLECTED BY: _____

STEP 7

UNDERPANTS

— — — — — — — — — — — — — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — — — — — — — — — — — — —

COLLECTED BY: _____

QUESTIONNAIRE FOR DRUG-FACILITATED SEXUAL ASSAULT CASES

(Complete form in ink)

ALL DRUG-FACILITATED SEXUAL ASSAULT CASES SHOULD HAVE:

- ___ Completed Questionnaire Form
- ___ 2 blood samples and urine sample (if rape occurred less than 12 hrs prior to examination, please use DUI vials or grey top vacutainer tubes for blood and a leak-proof plastic container for urine)
- ___ urine sample only (if rape occurred greater than 12 and less than 2 days prior to examination, please use leak-proof plastic container)

1. CRITICAL TIMES:

Estimated time/date of drugging time _____ date _____
Time/date of evidence collection time _____ date _____
Duration of symptoms hrs _____

2. SYMPTOMS:

Indicate victim's symptoms of "drugging"

- | | | | | |
|--|------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> drowsiness | <input type="checkbox"/> fatigue | <input type="checkbox"/> muscle weakness | <input type="checkbox"/> loss of consciousness | <input type="checkbox"/> memory loss |
| <input type="checkbox"/> nausea/vomiting | <input type="checkbox"/> hangover | <input type="checkbox"/> sedation | <input type="checkbox"/> pass out | <input type="checkbox"/> black out |
| <input type="checkbox"/> light-headed | <input type="checkbox"/> dizziness | <input type="checkbox"/> hyperactivity | <input type="checkbox"/> hallucinations | |

other _____

3. RECREATIONAL DRUG USE:

Indicate if victim used any of the following recreational drugs and the amount consumed

- | | |
|---|--------------|
| <input type="checkbox"/> alcohol | amount _____ |
| <input type="checkbox"/> marijuana | amount _____ |
| <input type="checkbox"/> cocaine | amount _____ |
| <input type="checkbox"/> MDMA (ecstasy) | amount _____ |
| <input type="checkbox"/> other _____ | amount _____ |

4. PRESCRIPTION AND OTC DRUG USE:

Indicate all medications taken by victim in the past week (prescription and over-the-counter)

STEP 10 THIGHS/EXTERNAL GENITALIA SWABS AND SMEAR

(Vaginal Assault/Rape and/or Oral Genital Assault/Cunnilingus)

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 7

TAMPON/SANITARY NAPKIN

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

Supplemental Instructions for Drug Evidence Collection

(when use of "Date Rape" drugs suspected)

The following samples are in addition to the samples taken for the PERK and are **packaged separately** from the PERK and refrigerated.

Time since offense

- **Less than 12 hours:**
Collect urine and blood samples from the victim
- **Greater than 12 hours and less than 2 days:**
Collect urine sample only from the victim
- **Greater than 2 days:**
No sample should be collected for drug detection

Packaging requirements

- **Urine:** Collect 10 to 50 ml of victim's urine in a leak-proof plastic container from hospital stock.
- **Blood:** Collect 2 vials of victim's blood in DUI vials or gray top vacutainer tubes from hospital stock.

For each specimen:

- Seal with tape and initial the seal. On the evidence, identify the specimen, victim's name, date and time of collection, and your initials. Place each specimen in an additional leak-proof container (i.e., zip lock bag) and seal and initial that, too.
- Fill out the provided Drug-Facilitated Sexual Assault Questionnaire and place this in a plastic bag inside the sealed container with the specimens.

STEP 17

SPECIMEN CHECKLIST

AFFIX KIT NUMBER LABEL HERE

STEP 1

SEXUAL ASSAULT INFORMATION FORM

— — — — — — — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — — — — — — —

STEP 1 (Complete form in ink**SEXUAL ASSAULT INFORMATION FORM**

Name of Patient: _____

Patient's Age: _____ Sex: _____ Race: _____

Date of Examination: _____ Time of Examination: _____

Date of Assault: _____ Time of Assault: _____

Alleged Offender's Age: _____ Sex: _____ Race: _____

Alleged Offender's Relationship to Victim: _____

Facility: _____ Phone Number: _____

Name of Examining Clinician: _____

Name of Nurse in Attendance: _____

Name of Investigating Officer: _____ Agency: _____

1. Type of Assault committed on Patient (check all that apply):

☐ Vaginal (Rape) ☐ Oral (Fellatio) ☐ Oral Genital (Cunnilingus/Fellatio)

☐ Anorectal (Buggery) ☐ Digital Penetration/Fondling ☐ Other _____

(If multiple assaults, list sequence) _____

2. Number of assailants: _____

3. Did the assailant ejaculate? (check all that apply):

☐ Vaginally ☐ Orally ☐ Anally ☐ External location: _____

☐ Uncertain if ejaculation occurred ☐ Did not ejaculate

4. Was a condom worn by assailant(s)? ☐ Yes ☐ No

5. Lacerations on patient resulting in bleeding? ☐ Yes: location _____ ☐ No

6. Lacerations on assailant resulting in bleeding? ☐ Yes: location _____ ☐ No

7. Since the assault has the patient (check all that apply):

wiped/washed affected area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	defecated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
bathed/showered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	vomited	<input type="checkbox"/> Yes	<input type="checkbox"/> No
douched	<input type="checkbox"/> Yes	<input type="checkbox"/> No	brushed teeth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
urinated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	changed clothes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
had consensual intercourse	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

8. Is the patient currently menstruating?: ☐ Yes ☐ No

9. Is there evidence of a genital infection?: ☐ Yes ☐ No

10. Specify date, time and type of last consensual sexual activity (prior to assault): _____

11. Specify consensual partner's race and relationship to victim (husband, boyfriend, etc.): _____

12. List any types of contraception used within 48 hours of assault (condoms, spermicidal gels/creams, diaphragm, contraceptive sponge, etc.): _____

DETACH HOSPITAL (YELLOW) COPY AND RETURN REMAINING FORMS TO ENVELOPE AND PLACE IN KIT BOX

STEP 9

PUBIC HAIR STANDARD

AFFIX KIT NUMBER LABEL HERE

This envelope **MUST** contain twenty-five (25) full-length pubic hairs.

COLLECTED BY: _____

STEP 8

PUBIC HAIR COMBINGS

(Vaginal Assault/Rape and/or Anorectal Assault/Buggery and/or Oral Genital Assault/Cunnilingus)

AFFIX KIT NUMBER LABEL HERE

COLLECTED BY: _____

STEP 16 SPECIMEN CHECKLIST (All Sexual Assault Cases)

Review Specimen Checklist to ensure that all appropriate evidentiary specimens have been collected. If specimens were not collected, please note reason. Complete form in ink. Make sure all lines are completed with a response. Detach the hospital copy (yellow) and return remaining copies to envelope. Seal envelope and affix a Kit Number Label where indicated.

FINAL INSTRUCTIONS

- A) It is no longer necessary to collect control swabs.
- B) Check all envelopes and clothing bags to ensure that they are sealed, labeled and all information requested has been completed.
- C) Return all used evidence collection envelopes as well as the bag containing underpants, to the kit box. If the "Tampon/Sanitary Napkin" bag was used, include this in the kit box as well. *Do not return unused evidence collection envelopes to the box.*
- D) Affix Kit Number Label on the END of the kit box where indicated, then fill out all requested information under "For Hospital Personnel" on the kit box top.
- E) Affix Kit Number and Biohazard Labels where indicated on the Evidence Transport Bag. Label with victim's name.
- F) Affix Police Evidence/Biohazard Seals where indicated on the sides of the kit box, then initial both seals.
- G) Place the sealed Physical Evidence Recovery Kit and all sealed Clothing bags in the Evidence Transport Bag. **DO NOT SEAL THIS BAG.**
- H) Hand the Evidence Transport Bag to the investigating office present at the hospital. If an officer is not present at this time, place the Evidence Transport Bag in a secure and refrigerated area until it is picked up by an official of the investigating agency.

NOTE: Under no circumstances should patient be allowed to handle evidence after it has been collected. Evidence must be submitted to the Department of Forensic Science by a law enforcement agency.

COLLECTION OF EVIDENCE FROM PRE-PUBERTAL CHILDREN

If the assault or last sexual contact occurred within the 72 hours prior to the hospital visit or if the time frame cannot be determined, physical evidence from post pubertal children should be collected utilizing the Physical Evidence Recovery Kit according to the instructions given for adults on Pages 1–4. Physical evidence from pre-pubertal children should be collected utilizing the Physical Evidence Recovery Kit according to the instructions on Pages 1–4, with the following modifications:

When a forensic examination is performed, it is vital that the medical and evidence collection procedures be integrated at all times in order to minimize trauma to the child.

- NOTE:**
- If it is determined that the last sexual contact took place more than 72 hours prior to the hospital visit, it is unlikely that trace evidence will still be present on the child's body. This is most common in situations involving long-term abuse. Therefore, a careful evaluation of each case must be made to decide which, if any, evidence collection procedures should be implemented.
 - Regardless of when the assault or last sexual contact might have occurred, valuable evidence can still be obtained through a medical examination and interview of the child. Therefore, it is vital that these be performed and that all paperwork be completed, whether or not evidence specimens are collected.

EVIDENCE COLLECTION MODIFICATIONS

STEP 6 HEAD HAIR STANDARD

It is recommended that head hair standards not be taken from pre-pubertal children at the time of the initial examination.

STEP 8 PUBIC HAIR COMBINGS

Instead of collecting pubic hair combings from pre-pubertal children, carefully examine the thighs and external genitalia for any loose hairs or fibers. If found, collect according to the instructions given for adults in Step 14B on Page 4 of these instructions.

STEPS 11 AND 13 VAGINAL/CERVICAL SWABS AND SMEAR AND ANORECTAL SWABS AND SMEAR

For the young child and the adolescent who is too traumatized to have a pelvic examination, evidence specimens can be obtained by gently swabbing the thighs/genitalia using two swabs slightly moistened with distilled/sterile water (refer to Step 10, Page 2).

If it is determined that the simultaneous use of two swabs for the collection of the vaginal/cervical and/or anorectal specimens may cause unnecessary discomfort or additional trauma to the patient, the swabs should be used one at a time (refer to Steps 11 and/or 13, Page 3).

STEP 15 KNOWN BLOOD SAMPLES

It is recommended that the blood sample for forensic purposes not be taken at the time of the initial examination unless blood is being drawn for medical purposes. The amount of blood collected from pre-pubertal children for forensic purposes should be limited to 3 milliliters.

COMMONWEALTH OF VIRGINIA
VICTIM PHYSICAL EVIDENCE RECOVERY KIT INSTRUCTIONS

(For Hospital Personnel)

This kit designed to assist the examining clinician and nurse in the collection of evidentiary specimens for analysis by the Department of Forensic Science. Physical evidence should be collected utilizing the Physical Evidence Recovery Kit if the assault occurred within 72 hours of the time of the medical evaluation. The hospital is not required or encouraged to analyze any of the specimens/evidence collected in this kit. Any medical specimens required by the hospital are to be collected with hospital supplies.

Do not place medical specimens in this kit.

Refer to Page 4 of these instructions for modifications for the collection of physical evidence from pre-pubertal children.

If you should have any questions concerning the use of this kit, do not hesitate to contact the Department of Forensic Science:

Central Laboratory Richmond, VA 804-786-4707	Northern Laboratory Fairfax, VA 703-764-4600	Eastern Laboratory Norfolk, VA 757-683-8327	Western Laboratory Roanoke, VA 540-561-6600
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STEP 1 SEXUAL ASSAULT INFORMATION FORM (All Sexual Assault Cases)

Fill out *all information* requested on the form in ink, and detach the hospital (yellow) copy.

Return form to envelope and seal. Affix a Kit Number Label where indicated.

STEP 2 OUTER CLOTHING AND DEBRIS COLLECTION

- Note:
- A) If patient is not wearing the clothing worn at the time of the alleged assault, collect only the items that are in direct contact with patient's genital area.
 - B) If patient changed clothing after the assault, inform officer in charge so that the clothing worn at the time of the assault may be collected by the police.
 - C) *Do not* cut through any existing holes, rips or stains in patient's clothing.
 - D) *Do not* shake out patient's clothing; otherwise, trace evidence will be lost.
 - E) If additional clothing bags are required, use only new paper (grocery type) bags.

Unfold and place a clean hospital bed sheet on floor. Remove paper sheet from the Debris Collection envelope, unfold and place over bed sheet. Instruct patient to stand in center of paper sheet and carefully remove each item of clothing except underpants, which will be collected in Step 7 below. Collect each item as removed and place each in a separate clothing bag. Use the "Large clothing bag" for bulky items, such as blue jeans. Seal each bag with tape, then affix a Kit Number Label where indicated and fill out *all information* requested. Provide patient with a hospital gown.

Refold paper sheet on which patient stood in such a manner as to retain any debris present, then return it to the Debris Collection envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope. Return bed sheet to hospital laundry.

STEP 3 LIPS/LIP AREA SWABS AND SMEAR (Oral Assault/Fellatio)

- A) These specimens should only be collected if an assault occurred within 24 hours of the examination.
- B) *Do not* stain or chemically fix smear.

Moisten both swabs provided with a minimal amount of distilled or sterile water. Holding both swabs together, briskly swab the mucosal surfaces of the lips and cutaneous area around the lips making sure to rotate the swabs during the collection procedure. Using both swabs, prepare a smear on the slide provided. Label the slide "Lips/Lip Area" in pencil.

Return smear to slide holder and tape closed. Place both swabs in the swab box. Affix Kit Number Label to the swab box and "Lips/Lip Area Smear" Label (provided) to the slide holder. Return both containers to the envelope. Seal envelope and affix a Kit Number Label where indicated, then initial the envelope.

STEP 4 ORAL RINSE (Oral Assault/Fellatio)

- Note: This specimen should only be collected if an assault occurred within 24 hours of the examination.

Hand patient a paper cup containing 15 ml of distilled or sterile water. Instruct patient to swish the water around his/her mouth, then return water to cup.

Transfer water from paper cup to the screw top vial provided in envelope. Replace cap and tighten down cap to prevent leakage. Affix the "Oral Rinse" Label (provided) to side of vial. Place vial in ziplock bag provided, then return the bag to the Oral Rinse envelope. Seal envelope and affix a Kit Number Label where indicated, then initial the envelope.

STEP 5 HAIR CONTAMINATED WITH SEMEN (Oral Assault/Fellatio)

Examine the patient's head hair for seminal fluid. In the case of a male patient with facial hair, i.e., moustache or beard, closely examine this hair for seminal fluid as well. If present, refer to Step 14B —Foreign Material Collection. These matted hairs may be cut.

If seminal fluid is present on the hair and the patient does not want the hair cut, refer to Step 14A —Additional Swabbings and Smears.

STEP 6 HEAD HAIR STANDARD (All Sexual Assault Cases)

Remove the folded paper sheet from the envelope. Unfold paper sheet and place on flat surface under patient's head. Using clean scissors (not provided), cut **a minimum of twenty-five (25)** full-length head hairs as close to the skin as possible. Take cuttings from the following scalp locations: center, front, back, left side and right side. Cut hairs of different colors as appropriate (collect bleached or gray hairs as well as dark hairs). Refold paper sheet to retain the hairs and return the paper sheet to the envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 7 UNDERPANTS AND TAMPON/SANITARY NAPKIN COLLECTION

(Vaginal Assault/Rape and/or Anorectal Assault/Buggery and/or Oral Genital Assault/Cunnilingus)

Collect patient's underpants and place in Underpants bag. If patient is menstruating, collect tampon/sanitary napkin and place in bag provided. Seal each bag with tape, then affix a Kit Number Label where indicated and initial the bag.

STEP 8 PUBIC HAIR COMBINGS (Vaginal Assault/Rape and/or Anorectal Assault/Buggery)

Remove the paper towel and comb provided in Pubic Hair Combing envelope. Place towel under patient's buttocks. Using comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto the paper towel. Gentle combing is needed so as not to pull out the patient's pubic hairs. Refold towel in such a manner as to retain both the comb and any evidence present. Return to the Pubic Hair Combing envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 9 PUBIC HAIR STANDARD (All Sexual Assault Cases)

Remove the folded paper sheet from the envelope. Unfold paper sheet and place on flat surface under patient's buttocks. Using clean scissors (not provided), cut **a minimum of twenty-five (25)** full length pubic hairs as close to the skin as possible. Cut hairs of different colors as appropriate (collect light or gray hairs as well as dark hairs). Refold paper sheet to retain the hairs and return the paper sheet to the envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 10 THIGHS/EXTERNAL GENITALIA SWABS AND SMEAR

(Vaginal Assault/Rape and/or Oral Genital Assault/Cunnilingus)

Note: *Do not* stain or chemically fix smear.

Moisten both swabs provided with a minimal amount of distilled or sterile water. Holding both swabs together, briskly swab the *upper* inside thigh area and the external genitalia making sure to rotate the swabs during the collection procedure. Using both swabs, prepare a smear on the slide provided. Label the slide "Thighs/External Genitalia" in pencil.

Return smear to slide holder and tape closed. Place both swabs in the swab box. Affix a Kit Number Label to the swab box and the "Thighs/External Genitalia Smear" Label (provided) to the slide holder. Return both containers to the envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 11 VAGINAL/CERVICAL SWABS AND SMEAR (Vaginal Assault/Rape)

Note: A) *Do not* stain or chemically fix smear.
B) *Do not* moisten swabs prior to collection.
C) Immediately following this procedure, it is recommended that the pelvic examination be performed and necessary medical cultures taken. Do not include these samples in the Physical Evidence Recovery Kit.

Using up to four (4) swabs, carefully swab the vaginal walls and cervix taking special care to recover as much of the secretions from the vaginal pool as possible. Holding used swabs together, prepare a smear on the slide provided. Label the slide "Vaginal/Cervical" in pencil.

Return smear to the slide holder and tape closed. Place all used swabs in the swab box. Affix a Kit Number Label to the swab box and the "Vaginal/Cervical Smear" Label (provided) to the slide holder. Return both containers to the envelope. Seal envelope and affix a Kit Number Label where indicated, then initial the envelope.

STEP 12 PERIANAL/BUTTOCKS SWABS AND SMEAR (Anorectal Assault/Buggery)

Note: *Do not* stain or chemically fix smear.

Moisten both swabs provided with a minimal amount of distilled or sterile water. Holding both swabs together, briskly swab the perianal area and buttocks adjacent to the anal verge making sure to rotate the swabs during the collection procedure. Using both swabs, prepare a smear on the slide provided. Label the slide "Perianal/Buttocks" in pencil.

Return smear to slide holder and tape closed. Place both swabs in the swab box. Affix a Kit Number Label to the swab box and the "Perianal/Buttocks Smear" Label (provided) to the slide holder. Return both containers to the envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 13 ANORECTAL SWABS AND SMEAR (Anorectal Assault/Buggery)

Note: A) These specimens should only be collected if an assault occurred within 24 hours of the examination.
B) *Do not* moisten swabs prior to collection.
C) *Do not* stain or chemically fix smear.
D) *Immediately following this procedure, conduct any additional medical examinations or tests involving the anorectal canal.*

Holding both swabs together, carefully swab the anorectal canal making sure to rotate the swabs during the collection procedure. Using both swabs, prepare a smear on the slide provided. Label the slide "Anorectal" in pencil.

Return smear to slide holder and tape closed. Place both swabs in the swab box. Affix a Kit Number Label to the swab box and the "Anorectal Smear" Label (provided) to the slide holder. Return both containers to the envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 14A ADDITIONAL SWABBINGS AND SMEARS

Note: A) *This step is provided for the collection of dry or damp suspected blood, semen, saliva, etc. which may be present on the patient's body, i.e., the area of kissing, sucking, or a bite mark for saliva; stomach, chest or leg areas for ejaculate; lubricant not collected elsewhere, etc.*
B) Three Step 14A Specimen Collection envelopes are provided in kit. Use one envelope for each collection site.
C) *Do not* prepare smear(s) if suspected blood or saliva is collected on swabs.
D) *Do not* stain or chemically fix smears.
E) A Woods (UV) Lamp is helpful for locating secretions on patient's body.

Moisten both swabs provided with a minimal amount of distilled or sterile water. Holding both swabs together, thoroughly swab the area making sure to rotate the swabs during the collection procedure. **Only if suspected semen is collected**, using both swabs, prepare a smear on the slide provided. Label the slide with the location from which the suspected semen was taken with pencil.

If a smear was made, return the smear to the slide holder and tape closed. Place both swabs in the swab box. Affix a Kit Number Label to the swab box and write the area of the patient's body from which the sample was obtained, i.e., "Right Breast", on slide holder label (provided) and swab box. Return both containers to the envelope. Seal envelope and affix Kit Number Label where indicated, then fill out *all information* requested.

STEP 14B FOREIGN MATERIAL COLLECTION

Note: A) This step is provided for the collection of additional evidence, not specified elsewhere, and should be used only when indicated.
B) Two Step 14B Specimen Collection envelopes are provided in kit. Use one envelope for each collection site.

Remove folded paper sheet from envelope, then unfold sheet and place on flat surface. Collect any foreign material found on patient's body, such as leaves, fibers, hair, etc. (that was not collected elsewhere), and place in the center of the paper. If patient scratched assailant's skin or clothing, inspect his/her fingernails for apparent tissue, blood, secretions or hairs and/or fibers. If present, use the envelope marked "Step 14B containing scrapers" to collect this material.

Refold the paper to retain debris, then write the area of the patient's body from which the foreign material was obtained on folded paper sheet. Return folded paper sheet to envelope. Seal envelope and affix Kit Number Label where indicated, then fill out *all information* requested.

STEP 15 KNOWN BLOOD SAMPLE (All Sexual Assault Cases)

Note: It is recommended that blood samples to test for sexually transmitted diseases, pregnancy, etc. be collected at this time as well. *Do not include these samples in the Physical Evidence Recovery Kit.*

Using normal hospital procedure and 5 ml draw lavender-stoppered (EDTA) blood collection tube from hospital stock, withdraw a sample from the patient allowing blood tube to fill to maximum volume. Affix a Kit Number Label to side of blood tube and label with patient's name. Then place blood tube in the ziplock bag provided. Place the ziplock bag in the Known Blood Sample envelope. Seal envelope and affix Kit Number Label where indicated, then initial the envelope.

STEP 16 SPECIMEN CHECKLIST FOR PHYSICAL EVIDENCE RECOVERY KIT (Complete form in ink)

ALL CASES SHOULD HAVE:

- | | |
|--|---|
| <input type="checkbox"/> Completed Sexual Assault Information Form | <input type="checkbox"/> Blood Sample (lavender top tube) |
| <input type="checkbox"/> Head Hair Standard | <input type="checkbox"/> Pubic Hair Standard |
| <input type="checkbox"/> Completed Specimen Checklist | |

1. VAGINAL ASSAULT (RAPE) EVIDENCE COLLECTED:

- | | | | |
|---|------------------------------|-----------------------------|---------------------|
| Thighs/External Genitalia Swabs and Smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Vaginal/Cervical Swabs and Smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Pubic Combing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |

2. ANORECTAL ASSAULT (BUGGERY) EVIDENCE COLLECTED:

- | | | | |
|---|------------------------------|-----------------------------|---------------------|
| Perianal/Buttocks Swabs and Smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Anorectal Swabs and Smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Pubic Combing (if not previously collected) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |

3. ORAL ASSAULT (FELLATIO) EVIDENCE COLLECTED:

- | | | | |
|---|------------------------------|-----------------------------|---------------------|
| Lips/Lip Area Swabs and Smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Oral Rinse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Head or Facial Hair Contaminated with Seminal Fluid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |

4. ORAL GENITAL ASSAULT (CUNNILINGUS/FELLATIO) EVIDENCE COLLECTED:

- | | | | |
|---|------------------------------|-----------------------------|---------------------|
| Thighs/External Genitalia Swabs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |
| Pubic Combing (if not previously collected) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If No, reason _____ |

5. OTHER SPECIMENS/EVIDENTIARY ITEMS ASSOCIATED WITH ANY SEXUAL ASSAULT:

- Patient's underpants, if worn during or immediately following assault
☐ Yes ☐ No If No, reason _____
- Patient's clothing, other than underpants, if worn during or immediately following assault
☐ Yes List Clothing _____ ☐ No If No, reason _____
- Debris Collection - trace evidence which fell from clothing when patient disrobed
☐ Yes ☐ No If No, reason _____
- Tampon/sanitary pad
☐ Yes ☐ No
- Swabs and smear of suspected seminal fluid collected from patient's chest, leg area, etc.
☐ Yes Location(s) _____ ☐ None indicated
- Swabs of suspected saliva from patient's breast, bite mark, etc.
☐ Yes Location(s) _____ ☐ None indicated
- Swabs of suspected blood of assailant collected from patient's hand, arm, etc.
☐ Yes Location(s) _____ ☐ None indicated
- Foreign Material Collection - trace evidence, such as hairs, fibers, leaves, fingernail scrapings, etc., not collected elsewhere
☐ Yes Samples collected _____ ☐ None indicated

DO NOT INCLUDE UNUSED COMPONENTS IN KIT.

DO NOT INCLUDE ANY SPECIMENS TAKEN FOR MEDICAL PURPOSES IN KIT.

FOR THOSE SPECIMENS/ITEMS NOT COLLECTED, PLEASE NOTE THE REASON.

DETACH HOSPITAL (YELLOW) COPY AND RETURN REMAINING FORMS TO ENVELOPE AND PLACE IN KIT BOX.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF FORENSIC SCIENCE

VICTIM PHYSICAL EVIDENCE RECOVERY KIT
PERISHABLE EVIDENCE PLACE IN SECURED REFRIGERATED AREA

FOR HOSPITAL PERSONNEL

PATIENT'S NAME: _____
(Please Print)

FACILITY: _____
(Please Print) (Phone Number/Extension)

CLINICIAN(S): _____
(Please Print)

KIT SEALED BY: _____
(Please Print) (Title)

AFFIX
POLICE
SEAL HERE

AFFIX POLICE
SEAL HERE

Kit to be used if the assault
occured within 72 hours of the time
of the medical evaluation

AFFIX POLICE
SEAL HERE

AFFIX
POLICE
SEAL HERE

CHAIN OF CUSTODY

RELINQUISHED BY: _____ AGENCY: _____

DATE: _____ TIME: _____AM/PM

RECEIVED BY: _____ AGENCY: _____

DATE: _____ TIME: _____AM/PM

RELINQUISHED BY: _____ AGENCY: _____

DATE: _____ TIME: _____AM/PM

RECEIVED BY: _____ AGENCY: _____

DATE: _____ TIME: _____AM/PM

PROVIDED FREE OF CHARGE BY

The Commonwealth of Virginia

ATTENTION HEALTH CARE PROVIDER: The person subject to this examination for the purpose of collecting evidence shall not be liable for the cost of this examination. Contact the local law enforcement agency to determine who shall pay the bill.

AFFIX KIT NUMBER LABEL HERE

STEP 12

PERIANAL/BUTTOCKS SWABS AND SMEAR

(Anorectal Assault/Buggery)

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 4

ORAL RINSE

(Oral Assault/Fellatio)

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 3

LIPS/LIP AREA SWABS AND SMEAR

(Oral Assault/Fellatio)

— — — — —
| AFFIX KIT NUMBER LABEL HERE |
— — — — —

COLLECTED BY: _____

STEP 2

LARGE CLOTHING

ARTICLE ENCLOSED: _____

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 16

KNOWN BLOOD SAMPLE

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 6

HEAD HAIR STANDARD

— — — — — — — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — — — — — — —

This envelope **MUST** contain twenty-five (25) full-length head hairs.

COLLECTED BY: _____

STEP 14B

**FOREIGN MATERIAL COLLECTION
CONTAINING FINGERNAIL SCRAPERS**

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

STEP 14B

FOREIGN MATERIAL COLLECTION

AREA COLLECTED FROM: _____

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____

EVIDENCE TRANSPORT BAG DO NOT SEAL THIS BAG

AFFIX BIOHAZARD STICKER HERE

AFFIX KIT NUMBER LABEL HERE

PATIENTS NAME:_____

STEP 2

DEBRIS COLLECTION

— — — — — — — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — — — — — — —

COLLECTED BY: _____

COPY

STEP 15

CONTROL SWABS

— — — — —
| AFFIX KIT NUMBER LABEL HERE |
— — — — —

COLLECTED BY: _____

STEP 2

CLOTHING

ARTICLE ENCLOSED: _____

— — — — —
| **AFFIX KIT NUMBER LABEL HERE** |
— — — — —

COLLECTED BY: _____



Commonwealth of Virginia
DEPARTMENT OF FORENSIC SCIENCE

ORIGINAL

CERTIFICATE OF ANALYSIS

STEP 13

ANORECTAL SWABS AND SMEAR

(Anorectal Assault/Buggery)

— — — — —
| AFFIX KIT NUMBER LABEL HERE |
— — — — —

COLLECTED BY: _____